

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">09/828257</div>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
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Applicant(s)	
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Filing Date

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1					
Total Depend	11					
Total Claims	12					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						